## LONDON BOARD OF ZONING ADJUSTMENT APPLICATION FOR A DIMENSIONALVARIANCE

The undersigned understands this request is for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in the application and any condition or safeguards required by the Board.

on other land in the same district.  The manner in which the strict application of the provisions of the regulations wo	Nan	ne of Applicant:
Property Location:	Mai	ling Address:
Mailing Address of Property:  Existing Use:  Zone District:  Detailed description of your property, a Recorded Deed is sufficient:  Provide names and addresses of all adjoining and adjacent property owners:  NOTE: (adjacent means across the street)  Please answer the following questions:  1. Specific conditions, in detail, which are unique to applicant's land that do not exist on other land in the same district.  2. The manner in which the strict application of the provisions of the regulations were deprive the applicant of reasonable use of the land in the manner equivalent to the	Pho	ne: Home: Business: E-MAIL:
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3. taken		que conditions and circumstances are not the result of action of the application the adoption of the zoning regulations.
4. alter t		the variance will preserve not harm the public safety and welfare and will not aracter of the neighborhood.
5.	What dimen	sion in <u>feet</u> you are requesting the variance.
	VAI	RIANCES CANNOT CONTRIDICT ZONING REGULATIONS
dimen	KRS 100.24 The board o nsional variand	f Adjustment shall have the power to hear and decide applications for
	ing or structur	7 hall not have the power to grant a variance to permit a use of any land, we which is not permitted by the zoning regulations in the district in we density requirements in the district in question.
	dual who appl	I nal variance applies to the property for which it is granted and not to the lies for it. A variance also runs with the land, but cannot be transferred by the tent parcel of land.
	Fee Charge:	\$200.00 Make checks payable to the London Board of Adjustments
	Date:	Signature of Applicant:

I hereby certify that I am authorized as owner of record or authorized owner agent to sign this application. I agree to conform to the findings of the London Board of Adjustment.